



California State Teachers' Retirement System MEDICARE PAYMENT AUTHORIZATION

HB-0986 (Rev 10/2001)

For CalSTRS use only

The California State Teachers' Retirement System (CalSTRS) does not provide health or dental insurance for its' retired members. This form does not enroll you in the Federal Medicare Program.

If you or your spouse is currently receiving a Social Security benefit and a Medicare premium is deducted from that benefit, please disregard this form. However, if you enroll in Medicare Part A (hospital insurance) and will be charged a premium, you may qualify for the CalSTRS Medicare Premium Payment Program. Furthermore, if you are billed for Medicare Part B (medical insurance), you can use this form to authorize CalSTRS to deduct the premiums for Part B from your CalSTRS retirement allowance and send them to the Medicare administrator, as a convenience to you.

This form DOES NOT enroll you in Medicare.

To enroll, you must call Social Security at 1-800-772-1213 (TTY 1-800-325-0778) during your enrollment period.

PLEASE READ THE REVERSE BEFORE COMPLETING THIS AUTHORIZATION

(TO BE COMPLETED BY THE MEMBER)

NAME	(Last)	(First)	(Initial)	SOCIAL SECURITY NUMBER
ADDRESS	(Number)	(Street)	(Apt #)	MEDICARE CLAIM NUMBER
	(City)	(State)	(Zip Code)	TELEPHONE NUMBER ()

I authorize the California State Teachers' Retirement System to pay Medicare Part A premiums to the federal Center for Medicare & Medicaid Services (CMS), formerly known as the Health Care Financing Administration, the Medicare administrator, on my behalf. With my initials and signature below, I request the federal CMS to send premium notices to CalSTRS rather than to me. With this form I also authorize the federal CMS to furnish CalSTRS with such information from time to time as may be necessary to administer this premium payment arrangement.

Initial one or both of the authorizations that apply:

_____ I hereby authorize CalSTRS to pay **Medicare Part A** (hospital insurance) premiums for me. (See reverse for instructions.)

_____ I hereby authorize CalSTRS to deduct **Medicare Part B** (medical insurance) premiums, which I must pay, from my retirement allowance and send them to the federal Medicare administrator. (See reverse for instructions.)

I hereby release CalSTRS from liability to me or my estate for any claim arising from the nonpayment of Medicare Part B premiums if designated above, or for premiums paid to the Medicare administrator subsequent to my death.

I understand that if I am electing to have the Part B premium deducted from my allowance, this deduction will continue until I notify in writing CalSTRS otherwise.

**RETURN THIS FORM TO CalSTRS AT THE ADDRESS LISTED BELOW
ALONG WITH A COPY OF YOUR FIRST MEDICARE PREMIUM PAYMENT DUE NOTICE.**

Please allow 8 weeks for this form to be processed

SIGNATURE 	DATE (mo/day/yr)
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Complete and mail to:

**California State Teachers' Retirement System, Post Office Box 15275 MS #47, Sacramento, CA 95851-0275
Public Service Office 1-800-228-5453; TTY (916) 229-3541; Fax (916) 229-3616**

INSTRUCTIONS

CalSTRS MEDICARE PAYMENT AUTHORIZATION

You must enroll in Medicare. Call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).

Please use a typewriter or print in black or blue ink. Do not erase; erasures are unacceptable and will void your authorization. If you make a mistake, obtain a new form or line through the error, make your correction and initial the correction. Please make a copy for your records.

If you or your spouse is currently receiving a Social Security benefit and a Medicare premium is deducted from that benefit, please disregard this form. Federal regulation does not allow CalSTRS to pay Medicare Parts A or B if you are receiving Social Security. However, if you enroll in Medicare Part A (hospital insurance) and will be charged a premium, you may qualify for the CalSTRS Medicare Premium Payment Program. Complete, initial, sign, date and return this form to CalSTRS in order for CalSTRS to pay Medicare Part A premiums on your behalf. Furthermore, if you enroll in Medicare Part B (medical insurance) and are billed quarterly for Part B, you can use this form to authorize CalSTRS to deduct the premiums for Medicare Part B from your CalSTRS retirement allowance and send them to the Medicare administrator, as a convenience to you.

CalSTRS cannot pay Medicare Part A premiums or deduct Medicare Part B premiums before you enroll in Medicare Parts A and B and CalSTRS receives from Social Security confirmation of your enrollment. **You must send CalSTRS a copy of your first Medicare Premium Payment Due Notice with this form.**

About the two authorization statements:

1. You **must** initial the first statement to have CalSTRS pay the Medicare Part A premium for you.
2. You **can** initial the second statement to have the Medicare Part B premium deducted from your retirement allowance, as a convenience. If you initial the second statement, CalSTRS will notify the federal Center for Medicare & Medicaid Services (CMS), formerly known as the Health Care Financing Administration that CalSTRS will be deducting the Part B premium from your CalSTRS allowance and paying the Part B premium to CMS from this deduction.

NOTES:

Once CalSTRS begins taking deductions, notification of a change in status or a request to cancel premium deductions must be received in writing from you or the Medicare administrator.

Should you find it necessary to contact us, your correspondence should include your social security number, full name, address, and telephone number including area code. This will assist CalSTRS in locating your file without disrupting the processing of your authorization.

**California State Teachers' Retirement System, Health Benefits Program MS #47
7667 Folsom Boulevard, Post Office Box 15275, Sacramento, CA 95851-0275
Public Service Office 1-800-228-5453; TTY (916) 229-3541**